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Blood and Justice: Red Cross Nurses on Strike

Abstract

[Excerpt] For 10 days in April 1987 the nurses who draw blood at Red Cross blood centers in Los Angeles and Orange counties were on strike.

Try to picture their situation: These were 225 workers who are spread out at 30 different worksites covering 9,000 square miles. To conduct a membership meeting required strikers to drive as much as two hours. Besides being geographically dispersed, the workforce is divided between Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs), whose status and salaries were grossly disproportionate.


And who were they on strike against? Not arrogant, greedy corporations like GE and USX, whose only purpose in life is to make more money this year than last? No, they were on strike against the Red Cross – an international symbol of nonpartisan humanitarianism. And the key to the strike was to dry up Red Cross' blood supply, upon which 200 hospitals depend. How easy could it be for editorial cartoonists to depict the nurses as vampires sucking the blood out of Los Angeles!

Any labor leader in her right mind would understand immediately that this was a strike that could not be won. But it was won, and the sisterhood that made it possible should be an inspiration to a labor movement that is struggling to renew itself.

Keywords

nurses, strike, Red Cross

VOLUNTEER
BLOOD DONOR CENTER


LOCAL 535
SEIU-AFL-CIO

ON STRIKE
ADEQUATE
STAFFING

LOCAL 535
AFL-CIO
Red Cross
Bloodmobile
ON STRIKE
LOS ANGELES-ORANGE CO.
RED CROSS BLOOD SERVICES
NURSE



LOCAL 535
Red Cross
Bloodmobile
ON STRIKE
LOS ANGELES-ORANGE CO.
RED CROSS BLOOD SERVICES
BETTER
STAFF
= LOS

LOCAL 535
Red Cross
Bloodmobile
ON STRIKE
LOS ANGELES-ORANGE CO.
RED CROSS BLOOD SERVICES

LOCAL 535
SEIU-AFL-CIO

ON STRIKE
LOS ANGELES-ORANGE CO.
RED CROSS BLOOD SERVICES



Summing Up, Moving Ahead

Blood and Justice

Red Cross Nurses on Strike

■ *Teresa Conrow*

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- *Teresa Conrow is a former field representative for Local 535 of the Service Employees International Union (SEIU), which represents some 9,000 workers in various service sector occupations across the state of California. During the strike, she was the staff rep for the local's Red Cross Chapter. Conrow is now labor representative for the California Nurses Association.*

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The Strike Issues

Local 535 of the Service Employees International Union (SEIU) represents RNs and LVNs who work at 10 blood centers and 20 bloodmobiles in Southern California. All but four of the 225 nurses are women. They struck Red Cross to reverse a speed-up management had unilaterally imposed and to close the gap in wages between RNs and LVNs.

On across-the-board wages we ended up settling for management's pre-strike final offer of 12% over three years. But on the wage gap between RNs and LVNs we made a breakthrough. Before the strike, LVNs made 30% less than RNs, even though they did much the same work. The union reasoned that, based on their work tasks and responsibilities, the pay gap between RNs and LVNs should be no more than 15%. With solid support from the RNs, the strike won an additional 8% increase for the LVNs, narrowing the gap to 20%.

The fight against management's speed-up involved a host of complicated staffing issues, but the key one is easy to understand. Traditionally, SEIU 535 nurses drew blood from three donors at a time. In the year before the strike, management had imposed a four-at-a-time standard, a 25% increase in a nurse's workload. This at a time when new and more complicated blood processes require greater precautions and carry greater risks.

Like all speed-ups, this one made the nurses' worklife more hassled and stressful, and the nurses, of course, resented that. But it also endangered the donors in a variety of ways, and it could potentially endanger the Los Angeles area's blood supply. Because donors sometimes have negative reactions, ranging from slight fainting to serious heart problems, nurses need to be attentive to each donor. Meanwhile, screening donors and testing blood have become more complicated because of the threat of AIDS. If nurses are rushed and don't have time to do their work carefully, they could endanger both the donor and the blood supply.

For the nurses it was a safety issue. Management was forcing them to take chances with people's lives, and this was making their own lives miserable.

When we raised this issue in negotiations, management refused to discuss it because "staffing is a management prerogative."

During the strike, Red Cross spokespeople defined the key issue as the union trying to "usurp management's privilege to manage."

For the nurses it was a matter of protecting their working conditions while at the same time defending their clients and the blood supply for which they were ultimately responsible. For this they were prepared to strike.

The Strike Scenario—A Common One

Every strike has its own unique factors. But what is common to all strike scenarios is that these factors can either be used for or against us. During the Red Cross bargaining and strike, union staffers like myself learned not to squelch the nurses' anger and desire to strike Red Cross. A careful examination of the situation showed that the nurses and Red Cross each had vulnerabilities that the other side could exploit.

Most of the Red Cross nurses never see each other. Their schedules and work locations change on a daily basis. The only way to hold a union membership meeting was to begin at 9 p.m. and have nurses drive to a central location from distances as far as two hours away. Membership meetings had traditionally been held once every three years in order to ratify a new contract. The idea of setting up picket lines seemed more than a little overwhelming. The idea of holding people together during the pressures and demands of a strike seemed almost foolhardy.

The American Red Cross is a national non-profit corporation with the ability to ship blood, blood products and personnel from any of its offices throughout the country. Red Cross has a near-monopoly on the blood services industry in this country. If it were a for-profit corporation, its fiscal 1985 revenues would have placed it at No. 473 in the Fortune 500. Our analysis showed that revenues were down, but still substantial, a common scenario in health care. Red Cross revenues depend on volunteer blood donations, and this dependence makes it especially vulnerable to negative press coverage.

Blood service nursing demands such unique skills, procedures and training that blood service nurses cannot be easily replaced by nurses accustomed to acute care hospitals or nursing home environments. This situation is exacerbated by the current nursing shortage. We felt that if the nurses held strong, the strike could not be broken locally. Our concern was with Red Cross' ability to move blood and personnel through its extensive national network.

During the strike both sides were organizationally unprepared.

Red Cross was caught totally off guard. They thought "their" nurses would not strike, and Red Cross management had a hard time relating to what was happening. First of all, the nurses were union workers telling management what to do. Second, they were nurses telling doctors what to do. And thirdly, they were women telling men what to do.

The union did not plan ahead or organize for a strike until the last minute, and only then because it looked like the rank-and-file nursing leadership would not be satisfied without one. The union had not allocated any additional resources or staff time to a strike. There was no strike fund other than what the nurses could raise themselves after the strike began. Many union staff, myself included, hadn't anticipated the depth of the nurses' militancy and willingness to strike.

The leadership provided by the 12-person rank-and-file negotiating team is what saved the union from settling for less and enabled us to push forward and strike. Julia Pollard, RN, the rank-and-file president of the local's Red Cross Chapter, had tirelessly recruited and organized a talented group of nurses for the negotiating team. Unlike the institutional union leadership and Red Cross management, the union negotiating team knew that their fellow nurses were able and willing to strike.

Red Cross management did not catch on to the reality of their employees' organizational strength, and that blindness gave the union an edge, which we promptly used to our advantage.

Defining the Issues (or Being the Good Guys)

"The issue of the ratio of nurses is critical to donor safety and to my professional standards," Jolene Wallace, one of the striking nurses, told reporters. "It is a difficult decision to honor the strike. I think it was a difficult decision for all the nurses. This is a caring profession. We care about people."

Even our wage issues became fairness and justice issues. We chose not to raise with the press the fact that Red Cross nurses are the lowest paid nurses in Southern California. We knew that if we did so, the press would lose their focus on donor safety. We did, however, want the public to know that we were not just striking for wages; we were striking for fair wages between LVNs and RNs.

Our goal was to not endanger the blood supply in Los Angeles and Orange counties. We urged regular Red Cross donors to support us and join with us on the picket lines. Many of them did so. We printed a pamphlet telling the public where to go to



donate blood at non-Red Cross facilities. We gave these pamphlets out on every picket line and had them at all press conferences. We constantly assured the public that our goal was to provide a safe and adequate blood supply to everyone. All nurses wore their uniforms on the picket line. We were nurses fighting for professional standards.

One interesting development during the strike was the success the pickets had in turning away non-union as well as union truck drivers. The nurses would simply talk to the drivers and explain how they were striking for donor safety and the safety of the blood supply as well as fair wages.

We are the good guys. We have an advantage over management that we must use. We are fighting to improve people's lives not just our own, whether it is to provide air traffic safety, adequate phone service or well-made safe cars. For the labor movement to grow, we must be able to promote the importance of quality products and services—to ourselves, our membership and to the public. My own experience is that workers always cite job control and product quality as primary issues even when I know for a fact that they are deeply concerned over wage levels. It is important that people feel good about what they do at work.

Solidarity Within Our Membership

"There was real caring and sharing on the picket line, working cooperatively together in the union office, patience with each others' fatigue and careful listening to and understanding of each other in the union meetings. We became people to each other—not just nurses from a county, city or area. That recognition, friendship and caring for each other can only grow and for that we can be glad and rejoice." This is how Julia Pollard, RN, president of SEIU 535's Red Cross Chapter, characterized the strike experience.

A strike can help build organization. One key to building solidarity within the union is honesty. Too often in the labor movement we are afraid to say that the strike fund is depleted, or that the union is unable to commit sufficient staff to a strike. It is essential to be straightforward with people *before* they take a strike vote, not after.

We told people over and over again that they would be working harder during the strike than they ever had before. The nurses knew that any monetary strike support would have to be raised by themselves through events, an adopt-a-striking-nurse program, and solicitations by mail and phone. Being clear and honest ahead of time took planning and a lot of detail work, but it resulted in a tenfold increase in the time and energy rank-and-file nurses put into the strike.

During the strike a group of core leadership people stayed at strike headquarters producing the daily strike bulletins, dealing with the news media and supporters, developing financial resources, and preparing for the daily reports from each geographic zone. Membership meetings were held to keep people informed and united, and everyone came, despite the distances.

Scabbing was kept to a minimum because of a tight reporting system and constant communication between nurses from all zones. If a nurse looked like she might cross the line, it was reported in the daily leadership meeting, and a special plan of both support and pressure was developed that the leadership felt would be most effective with that individual.

We utilized the same geographic structure that management had in place in order to organize our strike. The phone tree system, the localized committee structure, and our reporting system all reflected the same seven geographic zones. One difficulty we faced was that we never knew where Red Cross might set up a mobile operation with management nurses, so we had to have the ability

to set up pickets at any time, in any area in either of the two counties.

The zone structure created a community of fellow nurses. There was some friendly competition—like a “picket sign balancing contest”—as each zone began to take on its own characteristics. The zones sat together during the membership meetings, and different zones developed different political stances. When the final decision came on whether to end the strike with the gains we’d made in staffing language or whether to stay out for more money, the vote came down at least partly along zone lines.

Solidarity with the Labor Movement

We could not reach out to our brothers and sisters in the labor movement until we had developed our own strong internal organization. We immediately received tremendous support from the Graphic Communications International Union (GCIU) and the Teamsters, both of whom represent other workers at Red Cross. Their own members were being temporarily laid off because there was no blood being transported during the strike.

Nurses on the picket line raided Red Cross trash cans to find packing labels to discover where the blood was being shipped in from, and plans were made to set up picket lines at those locations throughout the country. We held a joint press conference with the GCIU, the Teamsters and the United Food & Commercial Workers to announce a national campaign to prevent Red Cross from shipping scab blood into Los Angeles. Our slogan was, “No worker’s blood shall cross the picket line.”

Initial research showed that more than 30% of Red Cross’ blood is donated by union members. Almost all local blood services in the U.S. have loads of labor leaders on their boards. Phone calls and telegrams were sent by labor leaders and activists from as far away as Florida and New York City to local Red Cross management, stating that they would become active in preventing scab blood from being shipped out of their communities if management did not settle the strike. The independent California Nurses Association sent telegrams and provided strike support to their sister nurses at Red Cross.

The county labor federations made plans for noontime support pickets. The Los Angeles Fed provided a full-time mediator who was able to get both parties back to the table. Red Cross finally began to understand that this was a serious and strong strike involving the entire labor movement and not one they could wait out or wish away.

The Settlement

It took ten days on the picket line in record-breaking heat, intensive pressure from labor and community groups, and a final 15-hour bargaining marathon to force a settlement.

The new agreement addressed nearly all of the nurses' outstanding issues. Scheduling and reassignment language was strengthened. All nurses won a 4% salary increase in each of the three years of the contract. We are proud of the unity with which the nurses fought to close the long-standing wage inequity between the RNs and the LVNs. We are proud too of new six-month parenting leave and two-month family leave provisions.

We are most proud of our staffing language. A nurse/donor ratio of three-to-one is now guaranteed. Often staffing language is merely a guideline for management to go by, an estimated number of nurses for an estimated number of donors or patients. At Red Cross we have a guarantee that no matter how short staffed the nurses are, no matter how many blood donors are waiting to give blood, no matter how many hours the donors have waited and how impatient they are, no matter what kind of superhero a supervisor wants to be, no nurse can bleed more than three donors at a time.

Lessons Learned: Tina Turner & the Labor Movement

We're guilty of helping them do their job
We're guilty of protecting the Red Cross too
We're going to strike until they do it right
We won't quit until we do.

—from **Red Cross Nurses Song**
by D.J. Redding, RN

During the Red Cross strike we learned that we can take risks and win, and that as union workers and working women in the 1980s we are strong. We learned to value our skills as leaders and that we have the right and ability to control our worklives. We learned not to pretend that the labor movement is weak, or that we are weak. We learned that if we tried to hold people back, we would only pay in the end, both as individuals and as a labor organization.

As we struggled with the decision on whether to strike, many fears came forward:

- "The membership doesn't care, they won't even come to

meetings or file grievances, they will break their own strike." In fact, the membership was solid from the very first day and grew stronger with each day of striking.

- "The old days of strikes are gone, the labor movement is dying." The labor movement that came to our support was large, strong, united and militant.
- "We should be satisfied with what we have." This turned out to be management's line.
- "The news media and the public will be against us." The news media and the public were our best supporters. They worked with us, as our side of the issue was presented daily on the news, and this gave us extra energy to keep fighting.
- "We don't have money or resources, management is sure to win." We found the money we needed, and we built our support by seeking help. We learned to push beyond our many fears to see the reality of unity and support that surrounded us.

In a recent television show the host and guest were discussing Tina Turner. They wanted to know why Tina had stayed with Ike for so many years while he beat and abused her. They seemed confused. Why would someone with talent, money and resources not leave the beatings? Was it because life without Ike would be unknown and frightening? Did Tina believe Ike when he told her she was weak and talentless without him?

We asked ourselves similar questions. Why do we as members of the labor movement, with all our talent and resources, accept the assaults from all sides? Is it because we have come to believe management and the media when they tell us that the labor movement is weak and dying, that strikes cannot be won, and that women won't join unions or strike?

We represent the majority of people in this country. We have a lot of power that we often do not use. When we feel afraid, like we do when we realize we must risk a strike, sometimes the most familiar seems the safest. But it's when we decide *not* to take risks that we should be most afraid.

One of the Red Cross nurses described the strike. "Striking was the most difficult thing I have ever done in my life. Striking is also the single most important thing I have done in my life." Whether we win or lose, we still learn lessons. The most important lesson we all learned from the Red Cross nurses strike is not to be afraid to take our power. Only good can come of that. ■